



Lifeguard Training



The Park Center in Murray will be offering an American Red Cross Lifeguard Training course. Upon successful completion of the course, participants will receive an American Red Cross certification in the following: Lifeguard Training, First Aid and CPR/AED for the Professional Rescuer. One hundred percent attendance and successful completion of a final skills and written exams are required to receive certifications.

Dates: Monday, January 10th, 17th & 24th
Saturday, January 15th
Wednesday, January 12th & 19th

Times: Mondays & Wednesdays 4:30-9:30 PM
Saturday 9:00-4:00 PM

Ages: Must be 15 by the last day of class

Cost: \$150 (\$130 for class, \$20 non-refundable pre-screen fee)

Prerequisites: 300 yard continuous swim (front crawl and breaststroke).
Swim 20 yards, retrieve a 10lb brick from 9ft deep water, and swim back to starting point with both hands on the brick and face out of water.



The Park Center Lifeguard Training Registration Form

Participants Name: _____

Address: _____

Parent/Guardian: _____ Phone Number: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Does the participant have any physical imitations? No _____ Yes _____

If yes, please explain _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing registration, liability release and agree to all of their terms and conditions.

Parent/Guardian Signature _____

Date _____

Office Use Only

Paid \$ _____
CASH CHECK VISA
AMEX DISC MC
Date _____
Staff _____